



# Indiana Health Informatics Corporation

Board Meeting

May 8, 2008



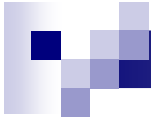
# Welcome and Introductions

## *Indiana Health Informatics Corporation (IHIC) Board*

- Mitch Roob (Chair)  
Secretary, Indiana Family and Social  
Services Administration
- Judy Monroe, MD  
State Health Commissioner  
Indiana State Department of Health
- J. Marc Overhage, MD, PhD  
Director of Medical Informatics  
Regenstrief Institute, Inc.  
CEO, Indiana Health Information Exchange
- Honorable Linda L. Chezem JD  
Professor, Purdue University  
Adjunct Professor, IU School of Medicine
- Brian Bauer  
Chief Financial Officer  
Terre Haute Regional Hospital  
Hospital Corporation of America (HCA)
- Charles E. Christian, FCHIME, FHIMSS  
Director IS / CIO  
Good Samaritan Hospital
- Randy L. Howard, MD, FACP  
Regional Vice President & Medical Director  
Indiana Health Care Management  
Anthem Blue Cross and Blue Shield
- Jim Edlund, MD  
Practicing Physician
- Stan Crosley  
Chief Privacy Officer  
Eli Lilly

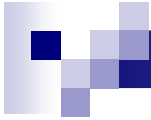
## *Meeting Facilitation*

- John Kansky, IHIE (IHIC rent-a-staff)



# Today's Agenda

- Welcome
- Summary of Board/Stakeholder Interviews
- Planning Findings and Recommendations
- Goals Definition (Brainstorming)
- Board Education
  - May Topic: IHIE's Quality Health First program and its statewide potential -- Dave Kelleher of the Employer's Forum
- State-Level HIE Consensus Project Representation
- Next Steps & Closing Remarks

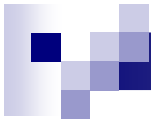


## Goals for Today's Meeting

- Advance IHICs Planning and Formation
  - Select IHIC's roles and initial areas of focus
  - Brainstorm a set of potential goals in the context of the corporations chosen roles and focus areas
  - Determine the best next steps in the planning process
- Provide information regarding IHIE's Quality Health First program (first of a number of topics to be covered in future meetings)
- Identify an IHIC representative to the State-Level HIE Consensus Project



# IHIC Planning and Formation



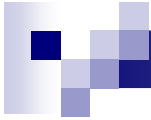
# IHIC Planning and Formation

- Advancing IHICs Planning and Formation
  - Zeroing in on the roles and focus areas that IHIC will take on
    - Select the 2 or 3 best roles
    - Select the 2 or 3 best initial areas of focus
    - Brainstorm a set of potential goals
    - (Next) Identify actions to meet goals

	Focus Area #1	Focus Area #2
Role #1	Goal <ul style="list-style-type: none"><li>■ Action 1</li><li>■ Action 2</li></ul>	Goal <ul style="list-style-type: none"><li>■ Action 1</li><li>■ Action 2</li></ul>
Role #2	Goal <ul style="list-style-type: none"><li>■ Action 1</li><li>■ Action 2</li></ul>	Goal <ul style="list-style-type: none"><li>■ Action 1</li><li>■ Action 2</li></ul>



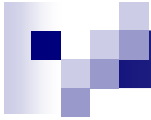
# Summary of Board/Stakeholder Interviews



# The Board and Stakeholder Interviews

- After the April planning retreat, the board and several key stakeholders outside the board were interviewed to gather information to further inform the development and planning of IHIC
- The interview questions were based on the discussions at the planning retreat and other relevant information
- All nine board members were interviewed and six additional stakeholders
- The stakeholders represented:
  - The Office of Medicaid Policy and Planning (Dr Jeff Wells)
  - The Indiana Legislation (Sen. Gary Dillon)
  - Biocrossroads (Troy Hege)
  - Existing HIEs (Tom Liddel or MHIN and Doug Horner of MIE)
  - The Indiana Hospitals Association (Bernie Ulrich)





## Leveraging Existing HIEs

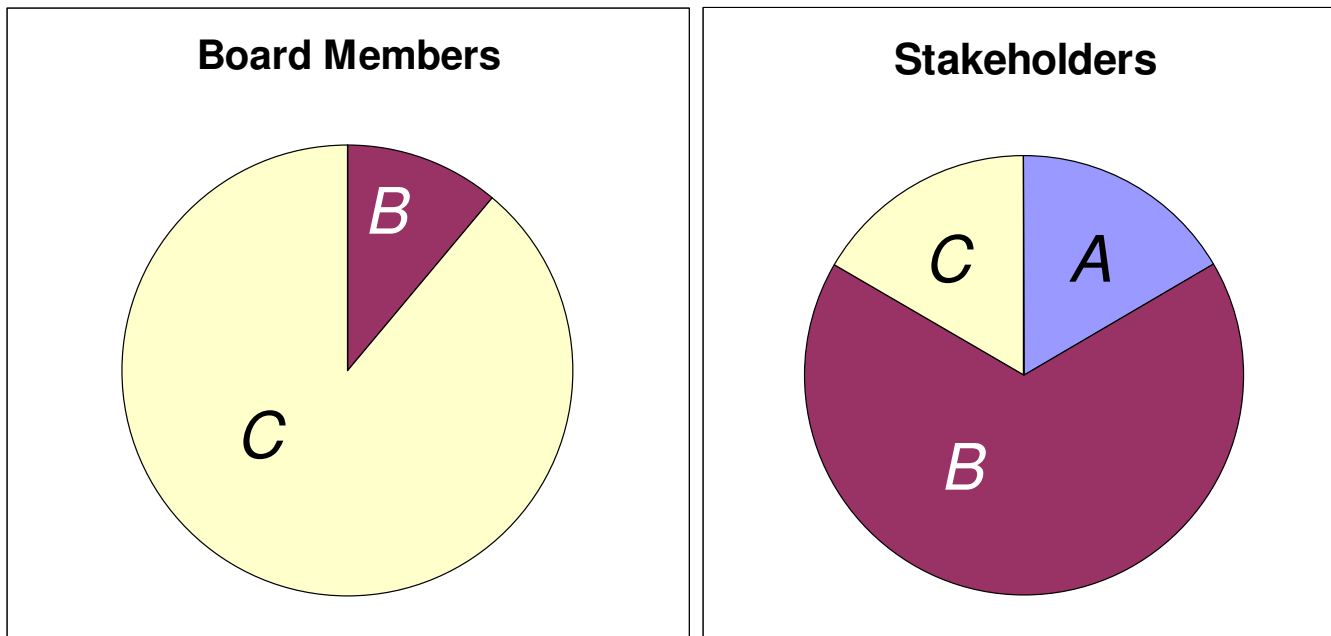
- At the 4/10 planning meeting, the board seemed to agree that leveraging and growing the existing HIEs in Indiana appeared to be the most direct and efficient path to achieving statewide HIE.

Do you agree with that assertion or how would you modify it?

- ☐ Board: Unanimous “Yes”
- ☐ Stakeholders: 5 “Yes” and 1 “No”

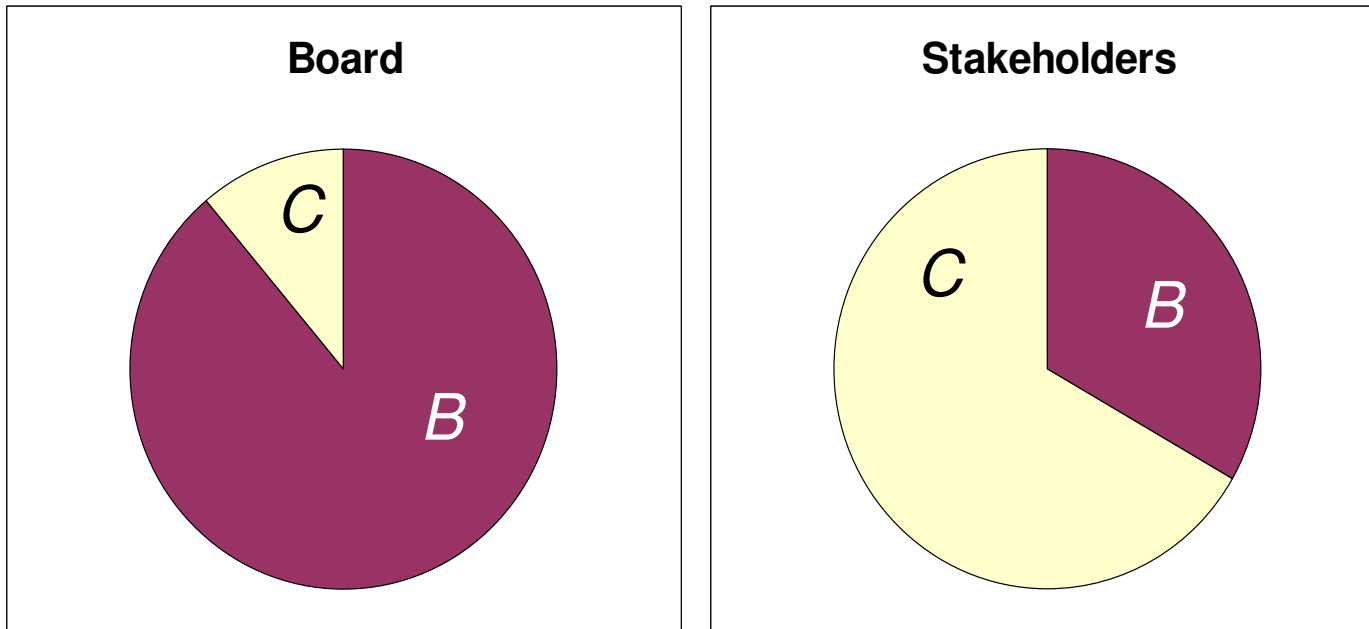
# Spread of HIE Services

- If IHIC were to lay out a set of expectations for what the HIE vision and goals for the state should be, would the appropriate step after that be?
  - A. Market forces alone
  - B. Market forces plus accelerating incentives
  - C. State must provide money and incentives
  - D. HIE must be subsidized – it is not financially sustainable



## Position on “Type II” Uses of Data

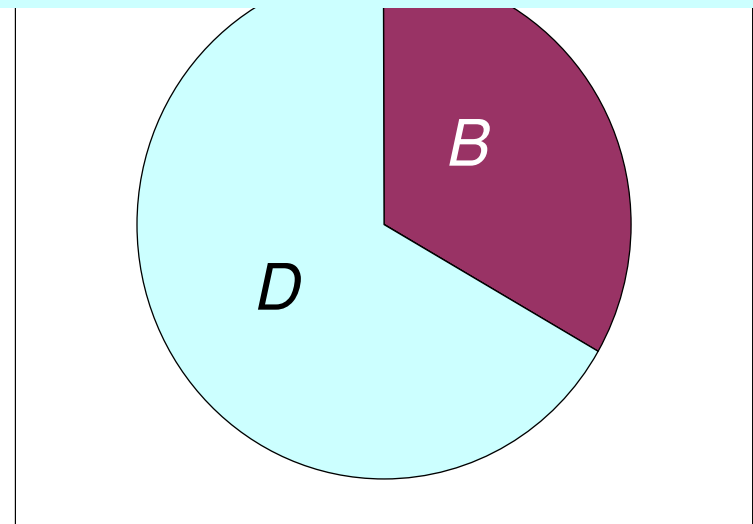
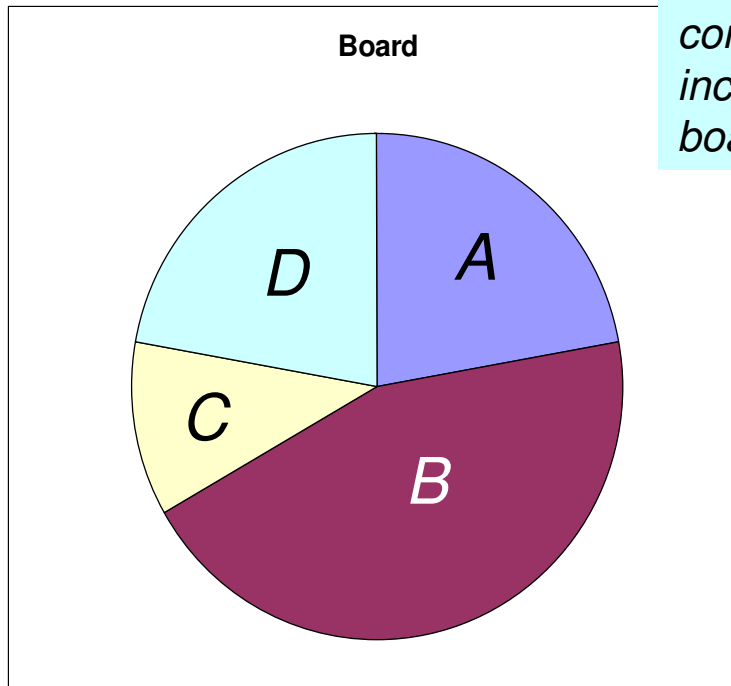
- What best characterizes your position on Type II uses?
  - A. Move aggressively toward Type II uses
  - B. Focus on Type I and Type II uses, equally
  - C. Focus on Type I; Investigate Type II
  - D. Avoid Type II uses for the foreseeable future



# Moving from Vision/Goals to an Action Plan

- Once the board has laid out the vision and goals for IHIC, the board should then...
  - A. layout a plan for how to achieve the vision and goals
  - B. form an advisory board made up of a “brain trust” of existing HIEs in the state and give them the task of laying out a plan
  - C. come to consensus on a segment of the vision to focus on and layout a plan
  - D. Other recommendations

*D: The most common recommendation was to convene workgroups with broad representation including existing HIEs and anyone else the board deemed necessary*



# Interview Analysis – IHIC Roles

Potential roles for IHIC	Analysis – Board			Analysis -- Stakeholders		
	Avg	Min	Max	Avg	Min	Max
Envisioner and planner	2.4	1	11	2.5	1	9
Promoter/Advocate of Indiana HIEs	2.8	1	6	3.0	1	5
Educator/Awareness Builder	4.0	3	7	4.3	2	7
Policy definer/driver	4.0	1	8.5	4.3	2	10
Funder/Grantor	6.0	2	11	4.3	1	8
Arbitrator/Conciliator of Indiana HIEs	6.6	3	10	7.0	3	11
Promoter/Advocate of clinical quality efforts	7.3	4	11	7.8	6	10
Medicaid Information Technology Architecture (MITA) driver	7.7	4	10	7.7	4	11
Public Health information driver	7.9	4	10	8.2	5	11
Employer group convener	8.1	5	11	7.5	3	11
Chartered-value exchange	9.2	4	11	8.7	6	11

## Other Suggested Roles to Consider:

- *Health Plan Convener [stakeholder]*
- *Standards Adopter / Endorser [stakeholder]*

# Interview Analysis – IHIC Areas of Focus

Potential Focus Area for IHIC	Analysis -- Board			Analysis -- Stakeholders		
	Avg	Min	Max	Avg	Min	Max
Data availability	2.3	1	6	2.2	1	6
Quality/Patient safety	3.0	1	5	3.3	2	5
Policy	3.0	1	5	3.8	1	6
Physician HIE/EMR adoption	3.8	2	6	3.5	2	6
Personal health records (PHRs)	4.3	1	6	4.5	1	6
Efficiency (cost savings)	4.5	3	6	3.7	1	6

## Other Suggested Areas of Focus to Consider:

- *System/Physician Change – Identify best practices and most tightly controlled healthcare processes and encourage their broad adoption [board member]*
- *Research (Academic and Corporate) – Promoting and improving security and confidentiality of data used in research and making data available for research [board member]*
- *Directory Services – Ensure that statewide directory services (e.g. physicians, providers, health plans) are implemented [stakeholder]*
- *Hospital Adoption of HIE/EMR and interoperability of systems and data [stakeholder]*



## Other opinions

- We're gonna get passed by Michigan and New York
- Is IHIC going to recruit an executive Director?
- IHIC could seek to be a constructive but deliberately disruptive force in the healthcare system (e.g. PHR)
- Data has to be able to move to wherever the patient goes. Make the data available and much of the quality improvement will occur – even without reporting or P4P.
- This is broader than Medicaid – make sure we avoid too much of a Medicaid spin.
- IHA and ISMA are eager to help
- The statute creating IHIC is an important document and can substitute for an IHIC mission statement
- What is implemented in Indiana must consider the “what’s in it for me” question from the perspective of each stakeholder
- What authority does IHIC have?
- IHIC should not take on more than 3 or 4 roles
- The costs reductions promised through HIE are too elusive or, perhaps, not really there at all
- Visioning and planning should have representation from a broader group of organizational and geographic constituencies



# Findings and Recommendations





# Findings and Recommendations

## ■ Extrapolating to next steps

- ☐ Choose a finite, manageable number of roles and focus areas – better to succeed at a few small things than to fail at several great big ones
- ☐ Get board agreement on the roles and focus areas...then define goals
- ☐ Define a process and timeline to get to a plan to achieve each goal.
  - Keep things of manageable size for now...It's okay to think big but recognize that up-sizes all the challenges of funding, resources, and complexity
- ☐ Any low hanging fruit that shouldn't wait?
  - Do we need a process for board members to suggest future or fast-track initiatives?



# Findings and Recommendations

## ■ Key questions and issues

- Recognize that some fairly obvious questions should wait to be answered until goals are defined. For example, who IHIC should hire to do what and how much money it may need will be driven by what goals it sets for itself.
- If IHIC determines that state intervention in the form of financial and policy-based incentives is necessary to achieve its goals, how does it pursue and influence the creation of these incentives?
- Is the implementation of such incentives realistically achievable?
- There are certain “moose in the room” issues (e.g. personal health records, Type II uses, ...). If such issues do not bubble to the top for immediate action, does the board need to “discuss, debate, and decide” to avoid disappointment or distraction?

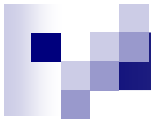
# IHIC Planning and Formation

- So, as a starting point for discussion and debate, the information from the planning retreat and the interviews suggest the following for IHIC...

Focus Area▶ ▼ Role	Data Availability	Quality & Patient Safety	Policy
Envisioner & Planner	Goal • Action 1 • Action 2	Goal • Action 1 • Action 2	Goal • Action 1 • Action 2
Promoter & Advocate of Indiana HIEs	Goal • Action 1 • Action 2	Goal • Action 1 • Action 2	Goal • Action 1 • Action 2



# Goals Definition



## Brainstorming ...Possible Goals

Focus Area▶ ▼Role	Data Availability	Quality & Patient Safety	Policy
Envisioner & Planner			
Promoter & Advocate of Indiana HIEs			

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Break



# State-Level HIE Consensus Project



# State-Level HIE Consensus Project

- For the last couple years, in the absence of any state HIE entity (like IHIC), Marc Overhage has been representing Indiana on the State-Level HIE Consensus Project (SL-HIE)
- The SL-HIE is sponsored by the Office of the National Coordinator for Health Information Technology (ONC) and led by the American Health Information Management Association (AHIMA) Foundation of Research and Education (FORE).
- Now that IHIC is established, Marc suggested that the IHIC board should decide who should represent them. Of course that could continue to be Marc, another board member, or the board's designee.



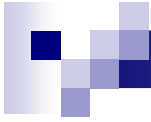


## From the State RHIO Consensus Project Website...

- **Development of Consensus Best Practices for State-level Regional Health Information Organizations**
- A study is being conducted by the Foundation of Research and Education (FORE) of the American Health Information Management Association (AHIMA) that will develop best practices and document successful model(s) for state-level regional health information organizations (RHIOs) in the areas of governance, structure, financing and health information exchange policies. The study is under contract to the Office of the National Coordinator for Health Information Technology (ONC).
- Under the terms of the contract, FORE will produce public domain information on best practices for state-level RHIOs. The goal of this work is to bring state-level RHIOs together to share successful and cost effective strategies. The work under the contract is organized under four tasks:
- Research a sample of state-level RHIOs to gather information about their goals, current policies, and practices, including governance, financing, technology, health information exchange policies, and short and long term priorities.
- Analyze findings to develop a framework for describing best practices and model(s) for state-level RHIOs.
- Develop a plan to disseminate best practices, encourage adoption and coordination among state-level RHIOs, and to encourage participation in ONC/HHS strategies.



# Closing Remarks



## Closing Remarks

- Next IHIC Board Meeting: July 10, 9:00-11:00, Purdue's Intech Park